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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

ATTORNEY DOCKET NUMBER		APIT-10
FIRST NAMED INVENTOR		
COMPLETE IF KNOWN		
APPLICATION NUMBER		
FILING DATE	May 19, 2006	
ART UNIT		
EXAMINER NAME		

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PLASMA THIN-FILM DEPOSITION METHOD

(Title of the Invention)

the specification of which

is attached hereto

OB

was filed on 04/14/2020

11/10/2004

as United States Application Number or PCT International

Application Number IB04/003795 and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Priority of the application for which priority is claimed:				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
03 026 470.9	EP	11/20/2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
04 002 256.8	EP	02/02/2004	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

[Page 1 of 2]

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: The address associated with Customer Number: OR Correspondence address below

Name

Clifford W. Browning

Address

One Indiana Square, Suite 2800

City Indianapolis	State IN	ZIP 46204-2079
Country USA	Telephone 317-238-6203	Email cbrowning@kdlegal.com

WARNING:

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---------------------------------	---

Given Name (first and middle [if any]) Pavel	Family Name or Surname KOULIK
---	----------------------------------

Inventor's Signature 	Date 04.06.2006
---	--------------------

Residence: City Blaesheim	State	Country France	Citizenship BE
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Mailing Address

29, rue du Gloeckelsberg

City Blaesheim	State	Zip F-67113	Country France
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<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>2</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Svetlana		KRAPIVINA	
Inventor's Signature	11/04. 2006 Date		
Illkirsch-Graffenstaden Residence: City	State	France Country	RU Citizenship
22, Domaine de l'ile			
Mailing Address			
Illkirsch-Graffenstaden City	State	F-67400 Zip	France Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Naïl		MUSIN	
Inventor's Signature	11/04. 2006 Date		
Illkirsch-Graffenstaden Residence: City	State	France Country	KG Citizenship
1, rue de la Croix			
Mailing Address			
Illkirsch-Graffenstaden City	State	F-67400 Zip	France Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Anatoli		SAITCHENKO	
Inventor's Signature	11/04. 2006 Date		
Illkirsch-Graffenstaden Residence: City	State	France Country	RU Citizenship
29, rue de la Niederbourg			
Mailing Address			
Illkirsch-Graffenstaden City	State	F-67400 Zip	France Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Evguenia		ZORINA	
Inventor's Signature 		11/04/2006 Date	
Residence: City Blaesheim	State	Country France	Citizenship RU
29, rue du Gloeckelsberg			
Mailing Address			
Blaesheim City	State	Zip F-67113	Country France
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	APIT-10

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number:

OR

 Practitioner(s) named below:

Name	Registration Number
Clifford W. Browning	32,201

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:
OR The address associated with Customer Number:
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Clifford W. Browning		
Address	Krieg DeVault LLP One Indiana Square, Suite 2800		
City	Indianapolis	State	IN
Country	USA	Zip	46204-2079
Telephone	317-238-6203	Email	cbrowning@kdlegal.com

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	X 6. 04. 06
Name	Pavel KOULIK	Telephone	0390403880
Title and Company	APIT Corp. S.A.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Examiner Name
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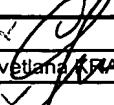
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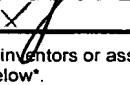
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Address	Krieg DeVault LLP One Indiana Square, Suite 2800			
City	Indianapolis	State	IN	Zip
Country	USA			
Telephone	317-238-6203	Email	cbrowning@kdlegal.com	

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	14.04.06
Name	Svetlana RAPIVINA	Telephone	0390403747

Title and Company  APIT Corp. S.A.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of _____ forms are submitted.

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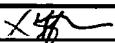
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Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	X 06.04.06
Name	Nail MUSIN	Telephone	0390403848
Title and Company	APIT Corp. S.A.		

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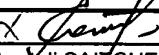
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	6.04.2006
Name	Anatoli SAITCHENKO	Telephone	0590403744
Title and Company	APIT Corp. S.A.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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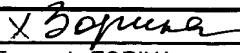
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SIGNATURE of Applicant or Assignee of Record

Signature		Date	11.04.06
Name	Evgenia ZORINA	Telephone	0390403844
Title and Company	APIT Corp. S.A.		

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